

92301911
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7555
GENERATOR
TRANSPORTER
FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
Generator's Name and Mailing Address Douglas Aircraft Company, CI-Q6C(11-11) R. Tuell 3855 Lakewood Blvd., Long Beach, CA 90846		CAD08651000501911		A. State Manifest Document Number 92301911	
4. Generator's Phone (310) 496-6287 OR (310) 593-3101		6. US EPA ID Number CAD000057760		B. State Generator's ID HAH036005698	
5. Transporter 1 Company Name IT Corporation		8. US EPA ID Number		C. State Transporter's ID 433874	
7. Transporter 2 Company Name		10. US EPA ID Number		D. Transporter's Phone (310) 83874781	
9. Designated Facility Name and Site Address De Menno Kerdoon 2060 North Alameda Street Compton, CA 90222		10. US EPA ID Number CAT080013352		E. State Transporter's ID	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	
a. Oil and Water Non-RCRA Hazardous Waste Liquid		0 0 1 TT 03000 G		14. Unit Wt/Vol	
b. THIS WASTE STREAM HAS BEEN QUALIFIED FOR RECYCLING/TREATMENT AT THE DeMENNO/KERDOON FACILITY IN COMPTON, CALIFORNIA. THIS FACILITY HAS THE NECESSARY PERMITS TO RECEIVE YOUR WASTE STREAM AS QUALIFIED. OUR EPA NUMBER IS CAT080013352					
c. Oil and water from steam slabs, Burn under 300°F, 50% Aromatics, Hydro ultrafilter waste oil					
d. Oil and Grease 0-25%, Alkaline Cleaner 0-10%, Machine Coolant 0-10%, Water 55-100%					
15. Special Handling Instructions and Additional Information 24 Hour Emergency Telephone Number (800) 424-9300 (Chemtrec) DOT ERG #11a) 31 Site Address: 19503 S. Normandie Avenue, Torrance, CA 90502		K. Hazardous Codes for Wastes Listed Above 2.01			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws.					
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Robert G. Tuell, Jr.		Signature Robert G. Tuell, Jr.		Month Day Year 03 08 95	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Eduardo Lino		Signature Eduardo Lino		Month Day Year 03 08 95	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name De Menno Kerdoon					

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
(Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

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5. Transporter 1 Company Name IT Corporation		8. US EPA ID Number		C. State Transporter's ID 43387A	
7. Transporter 2 Company Name		10. US EPA ID Number		D. Transporter's Phone (310) 83874781	
9. Designated Facility Name and Site Address De Menno Kerdoon 2060 North Alameda Street Compton, CA 90222		10. US EPA ID Number CAT080013352		E. State Transporter's ID	
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Printed/Typed Name Robert G. Tuell, Jr.		Signature Robert G. Tuell, Jr.		Month Day Year 03 08 95	
Printed/Typed Name Eduardo Lino		Signature Eduardo Lino		Month Day Year 03 08 95	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	

DO NOT WRITE BELOW THIS LINE.

Field Response Time Sheet



Purpose: To document labor, equipment, materials and outside items used on a project for the specified date. This form serves as the input document for labor and equipment charges. Materials and outside items are charged on other forms, but are included here so that all charges are listed.

Instructions: See reverse side for further instructions.

Date 03 / 07 / 95 Circle One: SAT SUN MON **TUE** WED THU FRI

Project No. 210917

Cost Code _____

Client Name MCDONNELL DOUGLAS

Project Name VAC TRUCK WORK

Client PO/Job No. _____

DAC Torrance Facility
Project Location 19503 S. Normandie Avenue
Torrance, CA 90502

☐ Final Service Order ☐ Contractual Minimum Hours Apply ☐ DBA ☐ SCA

W/O No. _____ Unit No. _____

Service Performed _____

Labor

									Accounting Use Only						
WTS	H.N. E	Class	Employee Name	Employee No.	Start Time	Time Out	Stop Time	Bill Code	ST	OT 1.0	OT 1.5	OT 2.0	Total	Bill Type	Initial
			DOT RUDY B. GILLIAM	12972	1500	—	18:30						3 1/2		
			DOT EDDIE LANO	10214	1500	—	18:30						3 1/2		
			TEC MIKE COLLIER	12553	1700	—	18:30						1 1/2		

Instructions for Completing the Field Response Time Sheet

A Field Response Time Sheet is completed for each day charges are incurred to a project using Field Response Time Sheets. Self-explanatory fields are not included.

Field	Instruction
Date	The date work was performed and circle the applicable day.
Cost Code	Project's cost code work will be charged to. VISION projects require an 8-digit cost code.
Final Service Order	Check if this Field Response will be the final one for the project.
Contractual Minimum Hours Apply	Check if the project's contract requires a minimum hours charge.

Equipment

Item or Unit Number	Item number or unit number assigned to the equipment
Description	Equipment category
UOM	Unit of measure: HR = hourly, DY = day, WK = weekly, MT = monthly, NO = non-operational
Qty	Quantity charged to project

Materials

Note: Materials are charged to the project with an Item Issue/Return form. Only billable material used on the Field Response date should be listed here.

Item Number	Item number assigned to the material
Description	Description of material
UOM	Unit of measure
Qty	Quantity charged to project

Rental/Outside Items

Note: Rental/outside items are charged to the project through vendor invoices. These charges are listed as a convenience to the client.